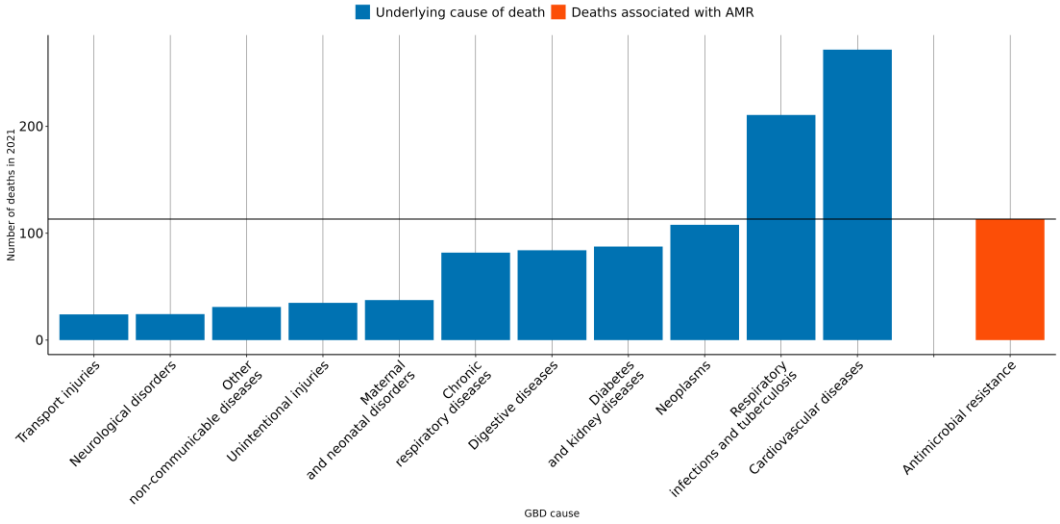
The burden of antimicrobial resistance (AMR) in Sao Tome and Principe

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **30 lives** have been lost each year since 1990 in Sao Tome and Principe due to AMR.
- In 2021, there were an estimated **24 UI (18-31)** deaths attributable to AMR and **113 UI (88-138)** deaths associated with AMR in this location.
- The largest number of deaths associated with AMR in 2021 occurred among those aged **70+** in the country.
- Among the most deadly pathogen-drug combinations in 2021 were *Staphylococcus aureus* resistant to methicillin, *Klebsiella pneumoniae* resistant to aminoglycosides and *Streptococcus pneumoniae* resistant to third-generation cephalosporins.

Figure 1 Number of deaths by underlying cause, and those associated with AMR in 2021



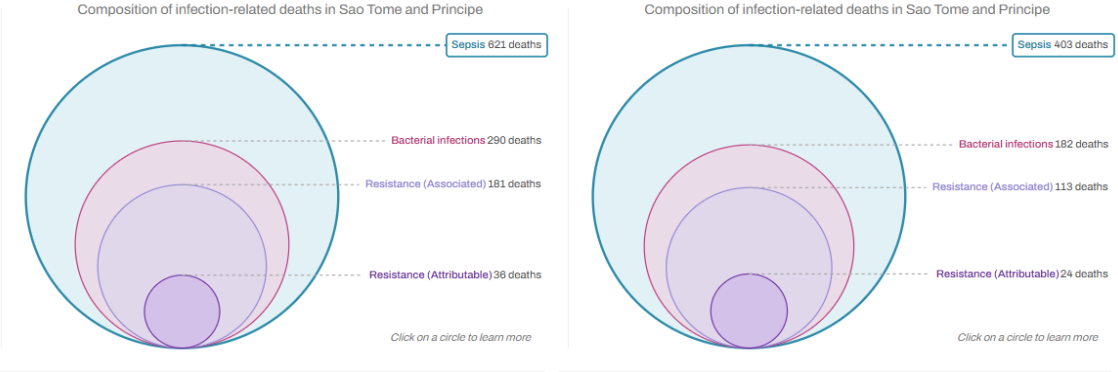
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying cause of death by itself.
- At the 2024 United Nations General Assembly high level meeting on antimicrobial resistance, country members agreed to aim for a **10% reduction** compared to 2019 baseline **(from 4.95 to 4.45 million)** in the global number of deaths associated with AMR by 2030. But our forecast indicates that in absence of concerted action, deaths associated with AMR could reach **5.5 million** (UI 4.8 - 6.2) if current trends continue. For Sao Tome and Principe, a 10% reduction means to decrease the number of deaths associated with AMR to **110**, but currently the trend for this country could reach up to **129 UI [94-170]** AMR-associated deaths in 2030.

AMR in Sao Tome and Principe

Key takeaways

- Antimicrobial Resistance (AMR) is a major global health threat, over *a million lives* have been lost each year since 1990.
- Globally, 4.71 (95% Uncertainty Interval (UI) 4.2-5.2) million deaths were associated with bacterial drug-resistant infections in 2021.
- And 1.14 (UI 1 - 1.3) million deaths were attributable to bacterial drug-resistant infection in the same year.
- *39 (UI 33 - 46) million deaths* directly attributable to bacterial AMR are projected to occur between 2025-2050 unless concerted action is taken. This equates to three deaths every minute.

Figure 2 Comparing 30 years of infection related deaths, and those associated with and attributable to AMR in Sao Tome and Principe between 1990 and 2019.



- To look at these and more visualization interactively visit Measuring Infectious Causes and Resistance Outcomes for Burden Estimation (MICROBE)
- In **Sao Tome and Principe** in 2021, there were an estimated **24 UI (18-31)** deaths attributable to AMR and **113 UI (88-138)** deaths associated with AMR. Here *"attributable deaths"* are considered to be those that would have been prevented had the drug-resistant bacteria causing the infections not been drug-resistant. *"Associated deaths"* are considered to be those that would not have occurred had the infections been prevented entirely.
- Across 204 countries, **Sao Tome and Principe has the 47th highest** age-standardized mortality rate associated with AMR in 2021.
- *Table 1* shows the bacteria which caused most deaths in 2021 (↑ indicates an increasing estimated annual rate between 1990-2021, ↓ indicates a decreasing annual trend), and *table 2* shows the pathogen-drug combinations which caused most deaths in 2021.

Table 1. Bacteria which cause most deaths in 2021 (Number of deaths in parenthesis)

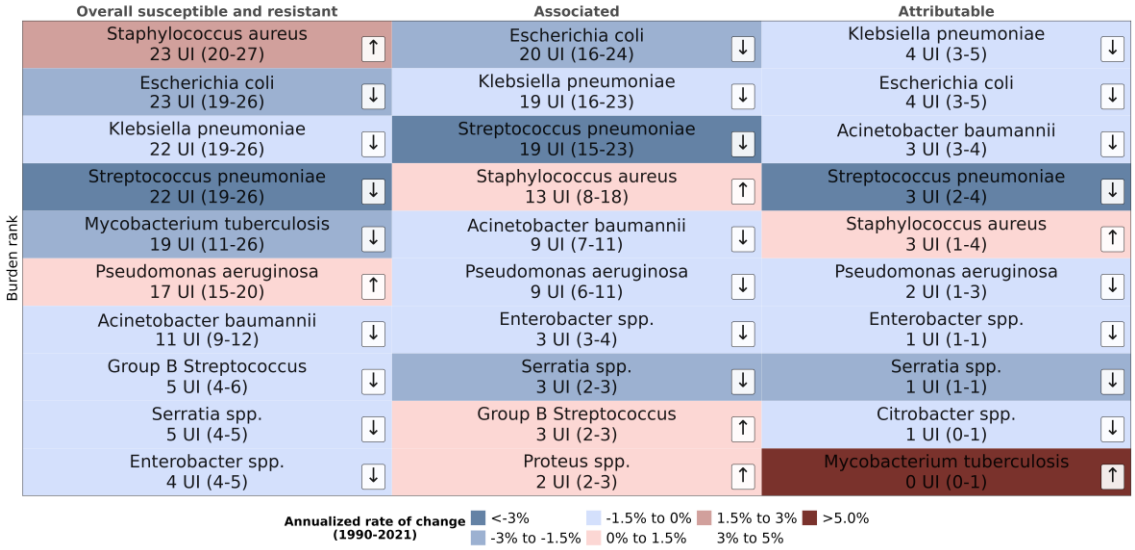
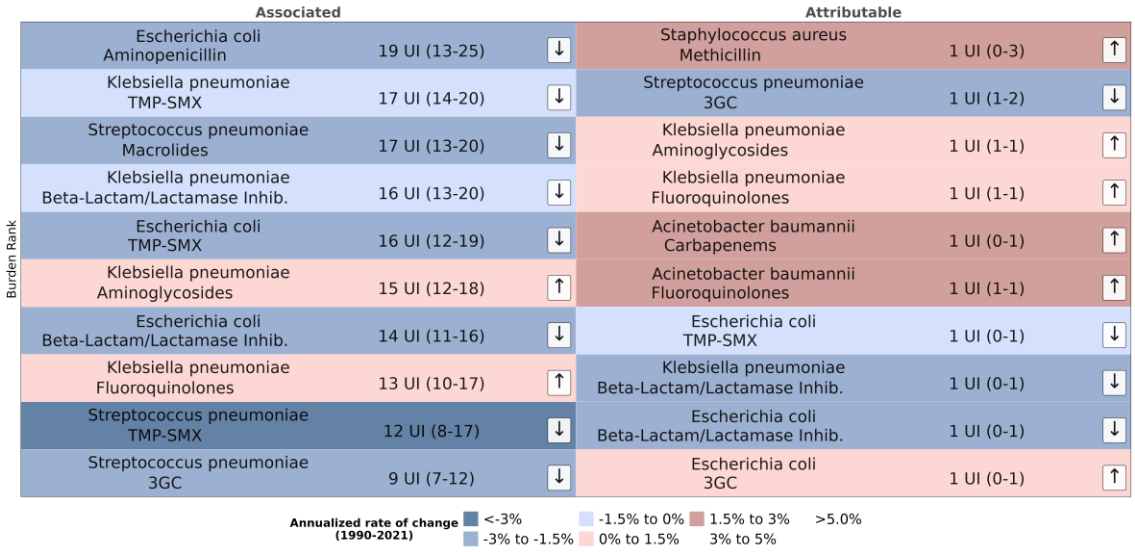
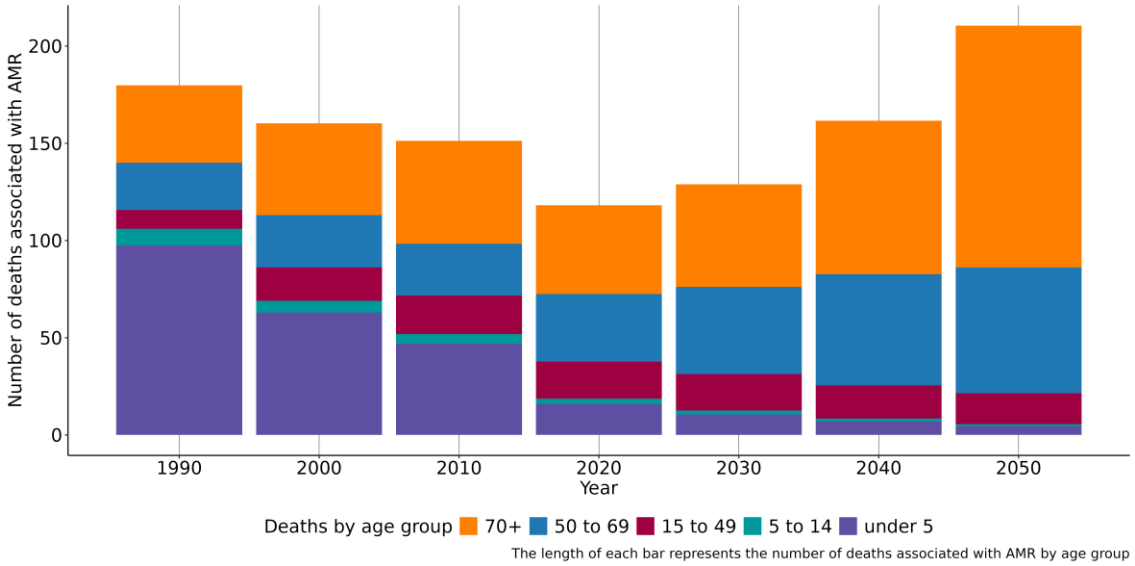


Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)



- Independently of antimicrobial resistance, the infectious syndromes accounting for the most deaths in 2021 were as follows (estimated thousands of deaths in parenthesis) lower respiratory infection (excl. COVID) (119 UI (100-137)), bloodstream infections (92 UI (75-110)), tuberculosis (19 UI (11-26)), diarrhea (16 UI (10-22)) and peritoneal and intra-abdominal infections (14 UI (11-18)).

Figure 3. Number of deaths associated with AMR by age group between 1990-2020 and 2050 projection



- In Sao Tome and Principe, people aged under 5 experienced the largest number of deaths associated with AMR in 1990 but this changed by 2021 as the largest number of deaths occurred among the 70+. This indicates that prevention of infections among the under 5 has contributed to the reduction in the number of AMR associated deaths. In 2021, the number of deaths associated with AMR among the 70+ was 43 UI (36-51), whereas the mortality rate per 100,000 was 942 UI (778-1,110).

Data sources for Sao Tome and Principe

In total, 520 million individual records or isolates covering 19,513 study-location-years were used as input data to our estimation process. The subset of input data for this country is shown below.

Table 3. Data inputs for Sao Tome and Principe by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	1990-2021	517	Study-year datapoints

More information

About GRAM:

The purpose of the Global Research on AntiMicrobial resistance (GRAM) project is to **generate accurate and timely estimates of the magnitude and trends in antimicrobial resistance (AMR) burden** across the world, which can be used to inform treatment guidelines and agendas for decision-making and research, detect emerging problems and monitor trends to inform global strategies, as well as facilitate the assessment of interventions over time.

GRAM is the flagship project of the University of Oxford–IHME Strategic Partnership. GRAM was launched with support from the United Kingdom Department of Health and Social Care's Fleming Fund, and the Wellcome Trust.

All resources:

For all resources on AMR analysis at IHME, visit https://www.healthdata.org/antimicrobial-resistance.

To look at these and more visualization interactively visit Measuring Infectious Causes and Resistance Outcomes for Burden Estimation (MICROBE).

Data sources:

To download the list of data input sources by country, and AMR results by region, visit the Global Health Data Exchange (GHDx).

Contact us:

- For inquiries about the analysis and questions from government officials, health departments, or research institutions: engage@healthdata.org
- For media-related inquiries: media@healthdata.org
- **Bluesky**: @ihmeuw.bsky.social
- **Twitter**: @IHME_UW
- **Facebook**: https://www.facebook.com/IHMEUW
- **LinkedIn**: https://www.linkedin.com/company/institute-for-health-metrics-and-evaluation